

Iowa Department of Human Services
SECOND NOTICE OF INTENT TO ESTABLISH PATERNITY
☐ AND SUPPORT AND FINDING OF FINANCIAL RESPONSIBILITY
COVER LETTER

Date: _____

To: ☐ _____

_____,

_____, __

Case Number: _____

Court Order #: _____

County: _____

Alleged Father: _____

Mother: _____

Caretaker: _____

The attached notice is to tell you the action the Child Support Recovery Unit (the Unit) took as a result of the conference.
If you have any questions about this letter or the enclosed notice, please contact the Unit listed below.

Child Support Recovery Unit

Telephone: _____

Second Notice of Intent to Establish Paternity ☐ and Support and Finding of Financial Responsibility

**Child Support Recovery Unit
Iowa Department of Human Services**

Alleged Father: _____

Mother: _____

Caretaker: _____

Dependents: _____

Date Prepared: _____

Docket No. _____

County: _____

CSC No. _____

You asked for a conference to contest the Notice of Intent to Establish Paternity ☐ and Support and Finding of Financial Responsibility issued by the Child Support Recovery Unit (the Unit). This notice is to tell you the action the Unit took as a result of your request.

CONFERENCE HELD: The conference was held on the ____ day of _____, _____. As a result of this conference, ☐ the Unit will schedule this matter for a court hearing at the earliest available date and will notify you of the date, time and location.

☐ the action will be entirely withdrawn.

☐ the Unit will recommend that an order be filed with the district court, ordering the following:

☐ That you be found to be the father of the following child(ren):

Child's Name

Date of Birth

☐ CURRENT SUPPORT:

☐ That you pay \$_____ per _____ as an ongoing support obligation.¹

☐ That current support is reserved.²

☐ ACCRUED SUPPORT:

☐ That you pay \$_____ for accrued support, to be paid at the rate of \$_____ per _____.³

☐ That accrued support is reserved.⁴

☐ MEDICAL SUPPORT:

☐ That you provide medical support in the form of an employment-related or group health benefit plan if it is available when the order is entered or if it becomes available later.⁵

☐ That medical support is reserved.⁶

☐ That you provide a health benefit plan that is accessible to the dependents because the dependents live outside the area served by the health benefit plan you now have, and because you could choose a plan the dependents can use.⁷

Any caretaker or the Unit may seek current, accrued, and/or medical support by any legal method, without showing a substantial change of circumstances.

Your Rights and Responsibilities

If you are dissatisfied with the results of your conference with the Unit and you have not already asked for a court hearing, you have the right to request one. **To ask for a court hearing, you must send a written request to the Unit.** When the Unit gets your written request, it will schedule a hearing.

You must ask for a court hearing by the latest of the following dates:

- **Within 20 days** from the date of service of the Notice of Intent to Establish Paternity; or
- **Within 10 days** from the date of the conference; or

- **Within 10 days** from the date of issuance of this notice; or
- **Within 20 days** of the date the genetic test results are issued or mailed to you. (Only if genetic tests were done and you did not challenge the test results and deny paternity.)

If you ask for a court hearing, you must also state in writing any objections you have to this action.

NOTICES

If You Take No Action in Response to this Notice If you do not respond by asking for a court hearing, or denying paternity within the time limits listed above, **the Unit will**

☐ **withdraw the paternity action.**

☐ **enter an order finding you to be the father of the child(ren) named above ☐ and setting an amount of support.**

If an administrative order is entered finding you to be the father of the child(ren) and requiring you to pay support, your property will be subject to collection action including, but not limited to, income withholding, garnishment, attachment of a lien, administrative levy of accounts, income tax setoff, and any other collection action allowed by law.

It is your responsibility to notify the Unit that sent you this notice of any change in your address or employment.

Cost of Action If you are the father of the above children you will be required to pay the cost of this action, including the cost of genetic tests.

If you have any questions, you may visit or telephone the Unit or talk to a private attorney⁸.

Waiver of Rights You may waive your rights and the time limits to request a court hearing. If you want to waive this right, contact the Unit. The Unit will prepare an administrative order establishing paternity and, if appropriate, ordering support. The Unit will ask you to sign the order. Your signature on the order means that you were served with this notice and have waived your rights and time limits for requesting a conference and court hearing.

Delivery of Notice

Delivery of this notice was made on the ____ day of _____, ____, ☐ by hand. ☐ by regular mail to your last known address or the last known address of your attorney.

Child Support Recovery Unit

Phone: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

¹ The current support is in accordance with the child support guidelines established pursuant to sections 598.21(4) and 252B.7A.

² The current support is reserved because

- ☐ the alleged father is now residing in the same household as the child.
☐ the caretaker is not receiving FIP or Title XIX medical benefits and has requested that the support obligation not be established at this time.
☐ other: _____
-

³ The accrued support is in accordance with the child support guidelines established pursuant to sections 598.21(4) and 252B.7A. The accrued support debt may be extended to include any additional periods that public assistance is expended prior to entry of the order.

⁴ The accrued support is reserved because _____

⁵ The alleged father may be required to provide some alternative or additional medical support, including a health benefit plan other than through an employer or other group, or a dollar amount for medical support. The state reserves the right to request that other provisions be made for medical support under Iowa Code chapter 252E at a later date without the necessity of showing a change of circumstances.

⁶ The medical support is reserved because

- ☐ the alleged father is now residing in the same household as the child.
☐ the caretaker is not receiving FIP or Title XIX medical benefits and has requested that the support obligation not be established at this time.
☐ other: _____
-

⁷ The alleged father may be required to provide some alternative or additional medical support, including a health benefit plan other than through an employer or other group, or a dollar amount for medical support. The state reserves the right to request that other provisions be made for medical support under Iowa Code chapter 252E at a later date without the necessity of showing a change of circumstances.

⁸ If you choose to have an attorney, it will be at your own expense.